



**IN-COUNTY  
REQUEST FOR CHANGE IN STUDENT ASSIGNMENT**  
ASHE COUNTY SCHOOLS  
320 South Street  
PO Box 604  
Jefferson, NC 28640  
336.246.7175

A student may not attend a school outside his/her attendance area without the approval of the Board of Education. One copy of this form must be completed in its entirety, for each student, and submitted at least 15 days prior to the requested reassignment date to the **STUDENT SERVICES DEPARTMENT** at the address listed above.

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**I. GENERAL INFORMATION**

Student: \_\_\_\_\_ Age: \_\_\_\_\_ Grade 2021/2022: \_\_\_\_\_ Grade 2022/2023: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address if different: \_\_\_\_\_

School attended during the **2021/2022** school year \_\_\_\_\_

School assignment for the **2022/2023** school year \_\_\_\_\_

Siblings currently attending Ashe County Schools \_\_\_\_\_ /School \_\_\_\_\_

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**II. IN-COUNTY REASSIGNMENT REQUESTED**

**From:** \_\_\_\_\_ School                      **To:** \_\_\_\_\_ School

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**III. REASON FOR REQUEST (Please check all applicable reasons)**

- |   |  |
|---|--|
| _____ Student Hardship (Complete section V)         | _____ Medical Needs (Complete section V)   |
| _____ Special Curriculum Needs (Complete section V) | _____ Child of ACS employee @ _____ school |
| _____ Change of Residence (Complete section VI)     | _____ Other                                |
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Please explain reason(s) for this request on the form below, complete Part V or VI, on back of form (if required), and attach supporting documentation.

**IV. REASON FOR REQUEST (Please explain in detail)**

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**V. VERIFICATION OF SPECIAL NEEDS/STUDENT HARDSHIP (To be completed by parent)**

A release reassignment is requested for this student based on special curriculum or medical needs or other hardship. Please explain in detail the "special needs," and attach any available supporting medical or psycho-educational documentation.

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**VI. VERIFICATION OF CHANGE OF ADDRESS**

Current Address \_\_\_\_\_

New Address \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

If Rental Property:

Landlord \_\_\_\_\_ Phone # \_\_\_\_\_

Landlord \_\_\_\_\_ Phone # \_\_\_\_\_

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**DECISION OF THE STUDENT SERVICES DIRECTOR**

This request is

\_\_\_\_ Approved (Meets Board Policy 4150)

\_\_\_\_ Denied (Does not meet Board Policy 4150 and is therefore denied)

\_\_\_\_\_  
Signature Date

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**APPEAL  
DECISION OF THE SUPERINTENDENT**

This request is

\_\_\_\_ Approved

\_\_\_\_ Denied

\_\_\_\_\_  
Signature Date

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**BOARD APPEAL  
DECISION OF THE BOARD OF EDUCATION**

This request is

\_\_\_\_ Approved

\_\_\_\_ Denied

\_\_\_\_\_  
Date